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WOUNDS IN ARTERIES.

BY BRANSEY B. COOPER, F.R.S., AND LECTURER ON SURGERY AT GUY'S HOSPITAL.

A wound in an artery may be the result of puncture, and may be oblique, longitudinal, or transverse, or the artery may be cut completely through, or the wound may be produced by laceration, or by mere contusion, which may lead to subsequent lesion and secondary hæmorrhage. Under any of these circumstances a ligature may be necessary to prevent the ill effect of the bleeding.

In the punctured wound of an artery, such as is sometimes produced accidentally in the operation for phlebotomy, it is not always necessary to put a ligature around the vessel; as I have already stated, the arterial coats are as highly organized as the other tissues, and equally capable with them of undergoing the adhesive inflammation. The wound may therefore heal if sufficient pressure be applied to prevent the blood from flowing through it; and at the same time, if the opening be but small, the continuity of the canal may be preserved.

If the wound in the artery be oblique or transverse, it has a tendency to gape open, in consequence of the elasticity of the coats; and in such cases pressure rarely produces adhesive obliteration of the opening; but, should compresses permanently check the hæmorrhage, obliteration will be effected by the effusion of blood, which, coagulating, fills up the opening, causes inflammation of the internal coat of the artery, and, finally, completely seals up the canal. After this, the blood has to be conveyed to the more distant parts by means of the collateral channels.

When an artery is completely cut or torn through, the truncated extremities of the vessel retract into the surrounding cellular tissue; the lesion in that case is very irregular, in consequence of the unequal degree of elasticity of the three coats. This irregularity is of itself sufficient to retard the flow of blood, and facilitate the coagulation, which, unless the artery be of very large size, will not only stop the bleeding at first, but also produce permanent adhesion in the internal coat of the divided vessel. Complete division of an artery is, indeed, much less likely to lead to the necessity for ligature, than when the vessel is only partially divided; the knowledge of this circumstance often gives rise to a peculiar treatment, when blood is drawn from the temporal artery—when, for instance, a sufficient quantity of blood has been taken from

the vessel, the latter is cut quite through, and pressure applied to prevent recurrence of the bleeding. If pressure alone be applied to the partially divided artery, an aneurism may subsequently be formed, and would probably require a surgical operation for its cure. This method can, however, only be adopted with respect to those vessels that are placed in such a position that they may be readily compressed upon bone; and where an artery is punctured, which, from its situation, cannot be thus subjected to compression, a ligature must be placed on the vessel both above and below the opening.

Laceration of an artery, even when the vessel is of large size, is often unattended by hæmorrhage. This arises, as I have already said, from the difference between the three coats with regard to their elasticity; and when the vessel is torn through, an irregular ragged opening is formed in which the blood readily coagulates, and the bleeding is spontaneously checked. This is particularly seen in gun-shot wounds; and cases are recorded of amputations having been performed, in which bleeding had only occurred in the collateral branches, and not at all from the main trunk.

Contusion of an artery sometimes leads to secondary hæmorrhage from sloughing of the injured vessel, owing to its vasa vasorum having been destroyed by the injury; but more commonly a coagulum forms in the vessel, and prevents bleeding by establishing subsequent adhesive inflammation in the internal coat.

Means of arresting Hæmorrhage.—There are various methods of effecting this object—viz., by styptics, cautery, torsion, compression and ligature. *Styptics* are but seldom employed to arrest bleeding from a single vessel, but they are often very available in cases where, either from the peculiarity of diathesis, or unnatural local vascularity, diffused hæmorrhages occur. One of the best styptics I know of is a saturated solution of alum; but various preparations are sold for this purpose. Excepting, however, under the circumstances I have mentioned, no reliance can be placed on them as a means of stopping bleeding, and at the present time a surgeon would not think of trusting to such means while ligature or the actual cautery could be had recourse to. It would, therefore, be useless to enter into a lengthened account of the different compounds that have been recommended for the purpose of stopping hæmorrhage.

Actual cautery is, perhaps, next to ligature, the most certain means that can be adopted to restrain the flow of blood from a ruptured or wounded vessel, and can often be employed where a ligature cannot be applied, as in those operations in which bones are implicated, especially the bones of the face; and no surgeon should undertake the removal of a part of the upper jaw, for instance, without being prepared with the proper apparatus for the application of the actual cautery. An instrument which I use for the purpose consists merely of a small rod of polished iron, furnished with a sheath; in the operation the sheath is to be passed to the mouth of the bleeding artery, and the heated rod then inserted and passed along this canula, until it reaches the artery, which it cauterizes without danger of burning the surrounding parts. I once

succeeded completely in stopping by this means a severe hæmorrhage which followed the extraction of a tooth by Mr. Canton. A frequent method of checking bleeding from this cause is by driving a peg of wood into the alveolar process; but, although this plan may prove effectual, it is to be remembered that a foreign body is introduced into the living bone, and may be the cause of much future mischief.

Torsion.—The French surgeons have recommended torsion instead of ligature, when the bleeding vessel is of secondary size; but I have found very little certainty in this treatment, although I believe that failure often results from the manner in which the operation is performed; it is requisite that the bleeding vessel only should be seized by the forceps, and that a sufficient degree of *tension* should be applied to it to tear through the cellular connection; thus depriving the vessel of nutrition by rupturing the vasa vasorum, and at the same time producing lesion of the internal coat; *torsion* is then applied merely for the purpose of destroying the physical elasticity of the outer coat; and if any of the surrounding tissue be taken up as well as the artery, it will be found difficult to effect the objects required. It may be asked, what are the proposed advantages of torsion over ligature? It does away with the necessity for the introduction of a foreign body into the wound, and consequently avoids the difficulties that subsequently arise in the separation of the ligature. But still I am of opinion that torsion should never be attempted excepting in cases of the smaller vessels. I have frequently found it useful in the extirpation of the mammæ, when the hæmorrhage has been troublesome from numerous small arterial branches; and if a ligature had been applied to each of these, a large amount of extraneous matter would have been introduced into the wound.

Compression is a further means of checking hæmorrhage; and it is also now employed for the cure of aneurism. When used as a means for stopping bleeding, it should not merely be applied upon the wound in the vessel itself; but the bandaging should be so employed as to modify the circulation throughout the whole limb—as, for instance, suppose a deep punctured wound in the palm of the hand, followed by hæmorrhage, which it is thought advisable to attempt to restrain by compression; a bandage should be first applied round each finger separately, and then continued around the hand, a compress being placed immediately over the wound. The bandage should be continued up the forearm, and small compresses of cork placed on the radial and ulnar arteries, with sufficient pressure to diminish without wholly stopping the supply of blood to the hand. The bandage should be continued with a moderate degree of tightness as far as the shoulder.

The patient ought to be kept in the recumbent position, and a low equable temperature maintained in the arm by the application of cold water. A gentle immediate compression may, however, be sufficient without the employment of the gradual impression by bandage. The following is a good illustrative case of the staying of hæmorrhage by compression:—

George Paris, aged 10, was admitted into Guy's Hospital, 4th June, 1846. Five weeks before his admission, he received in falling a severe

wound just above and to the inner side of the left wrist. A considerable flow of arterial blood immediately followed the accident; the bleeding was restrained at the time by compression, but recurred on various occasions whenever the bandages were loosened, so that the boy's health began to be affected by repeated losses of blood. When he was brought into the Hospital, it was a wound about three inches in length, extending obliquely from the styloid process of the ulna upwards and outwards towards the radius, and filled with large glassy granulations, vulgarly called proud flesh. As soon as the pressure of the bandage was taken from the wound, the bleeding immediately re-commenced, the blood seeming to flow from the whole surface, rather than from a single bleeding vessel. Pressure was, therefore, again applied, and was required to be so strong as to destroy all sensation in the hand; it was therefore removed, when the hæmorrhage quickly returned. A tourniquet was then applied to the brachial artery. Upon examination, it was found that pressure upon either the radial or ulnar artery did not check the bleeding, but that slight continued pressure on both did so effectually. I therefore ordered a piece of cork to be placed upon those arteries about two inches above the wound, the pressure being sufficient to diminish the flow of blood, but not to stop it entirely; the hand was at the same time raised and kept cool by an evaporating lotion. This treatment succeeded perfectly; the wound in the artery healed, and at the end of the month the patient was discharged quite well.

A boy, aged 15, wounded the palm of the hand with a piece of broken glass. Arterial bleeding immediately followed. A surgeon was sent for, and applied a compress upon the wound, and succeeded in checking the hæmorrhage. At the end of a week, upon removal of the compress, the bleeding recurred, and the compress was consequently re-applied. Successive bleeding, however, followed; and a fortnight after the accident the boy was admitted into Guy's Hospital, much anæmiated. I immediately ordered gentle compression to be applied by means of pieces of cork placed upon the ulnar and radial arteries, as in the former case; the arm was raised upon pillows, and cold kept constantly applied, and the patient soon left the hospital quite cured.

A third case of the same kind is now in Guy's Hospital under my care. In January last, a man, 30 years of age, was admitted into Steven's ward, with a severe wound in the back part of his elbow. He stated that a profuse hæmorrhage had taken place at the time of its infliction, and had been checked by bandage, but had afterwards recurred upon several occasions. When he was admitted into the Hospital, he was very pallid, had a sharp hæmorrhagic pulse, but no bleeding had taken place for three days. A dose of opium was ordered, and a white-wash poultice applied to the wound. Three days after his admission he had fresh arterial bleeding to a considerable extent. I ordered a tourniquet to be applied to the brachial artery, with sufficient pressure to diminish without checking the circulation. Cold was also applied to the whole of the injured arm. No further bleeding occurred, and in about three weeks he was discharged perfectly cured.

It may be said that the readiest means of stopping the hæmorrhage

on these occasions would have been to have cut down upon the wounded arteries, and placed a ligature above and below the opening in the vessel; but as the accidents had occurred some time before the patients came under my treatment, and as the natural condition of the parts had undergone great change in consequence of the extravasation of blood, I thought it safer to employ the treatment described in the cases; and I feel that the result fully justified my view of the subject.—*Med. Gazette.*

ACCIDENTS FROM TAKING STRYCHNINE—THE REMEDY—ADVICE TO DRUGGISTS AND APOTHECARIES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The numerous and fatal accidents from taking strychnine render it, in my opinion, highly incumbent upon apothecaries, druggists and physicians, to adopt measures for their prevention. Within a few years the writer has known several cases of poisoning by this potent drug, some of them fatal, and in most instances from its being mistaken for morphine. Two or three cases may be briefly stated.

The lady of a medical gentleman, from domestic troubles, was in the practice of visiting her husband's office and taking a dose of morphine, to allay her feelings. One evening she took her usual dose, in the absence of any one in the office. In ten minutes she began to feel constriction of the throat, spasms, intense thirst, &c. Her husband being absent, a student was called in, who was informed that she had taken morphine from a bottle kept in the usual place. On examination, it was discovered that a bottle of *sulphate of strychnine* was in its place! and she had taken a fatal dose. She died, in the most horrible agony, in an hour and a quarter, leaving the husband under the terrible implication of either substituting the strychnine for morphine, or carelessly allowing it to remain where his wife might mistake it—either predicament most unenviable.

A *medical gentleman*, not long since, being unwell, wished to take a dose of morphine. He took down a bottle labelled *sulphate of strychnine*, and without looking closely to the label, took about one fourth of a grain. To his consternation, after he had swallowed it, he discovered that he had taken strychnine! A dose of ipecac. and zinc was taken at once, but it did not vomit him, and you may be assured he watched the clock with more anxiety than ever before in his life, until forty minutes had elapsed. As it was, the strychnine produced most uncomfortable sensations about the throat and head, and slight spasms of the muscles. He was a man of strong nerve, and his indomitable resolution to shake off the effects of the medicine may have contributed to its favorable termination. At any rate, the lesson was as salutary, as the hazard was fearful, learning him to keep his strychnine in peculiar-shaped bottles, with significant and conspicuous labels.

A *medical gentleman* of my acquaintance was afflicted with a diarrhoea, fever, &c., and, to procure rest, sent to his office for his morphine bottle. His son, a young lawyer, but who knew his father's medicines well,

sent, by mistake, *sulphate of strychnine*. His daughter brought a dose on the point of a knife to his bed-side, when he told her that it was not a sufficient dose. She brought the bottle to him to help himself to such quantity as he wished, when, lo! the words *sulphate of strychnine* stared him in the face. But for a trifling contingency, this gentleman would have taken probably a fatal dose of this fearful poison—a reflection that would have been anything but pleasant to his son and daughter in after years.

These are not a tithe of the accidents that have taken place within a few years, and I think it high time that some efficient means were adopted by druggists, manufacturers, physicians, &c., to remedy the evil. I propose that strychnine be put up in bottles of a peculiar shape, or color, or labelled in a different manner, in such way as to be generally known at a glance—or with some pictorial conspicuous sign, which would preclude the possibility of such accidents in future. The physical properties of strychnine are so similar to those of morphine, that such mistakes are quite liable to occur, even among medical men. Hydrocyanic acid used to be put up in bottles of a dark color, with the death's head and cross-bones, and labelled "poison." There is no danger of mistaking this for any other medicine, and its taste and smell are sufficient to point out its true qualities to a physician. A physician of this city informed me of a trick which some of his students played off upon an opium eater some years since, which from its nature was extremely hazardous to the delinquent. He was in the habit of taking morphine, and when he could steal it from the doctor's office, it was so much clear profit. The students put strychnine into a morphine bottle, and after taking a dose he would be thrown into spasms, greatly to his terror, and much to the amusement of the wicked wags who were so uncharitable and heartless in their experiments.

Respectfully yours,

Syracuse, N. Y., Aug. 29, 1849.

A. B. SHIPMAN.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XI.

WILLIAM E. HORNER, M.D., PROF. OF ANATOMY IN THE UNIVERSITY OF PENNSYLVANIA.

"The man who consecrates his hours
By vigorous efforts and an honest aim,
At once he draws the sting of life and death;
He walks with Nature, and her paths are peace.—*Young*.

"Integer vite, sclerisque purus."—*Horace*, Od. xxii.

THE fable of the hare and the tortoise is one which has made many great men. The glare of what is generally termed genius, which term, by the by, means merely the excessive activity of a few of the mental faculties, not unfrequently to the detriment of the rest—this glare, in modern times, is shorn of much of its captivating splendor. Science, which is the poetry of the eighteenth and nineteenth centuries, and which in fact realises what the poetry of the ancients never dreamed of, demands a continued and patient application of our faculties, totally incompatible

with the rapid flights of fancy or the coruscations of uneducated imagination. In fact, any man who desires to compose poetry in modern times, has but to collect the facts of science and group them into order as they really exist. Who, for instance, writes more splendid or magnificent poetry, prose though it be, than Humboldt, even in his old days? He merely collects, from the vast storehouse of his mind, some of the facts which he has gathered in a life of toil; and deals out, in common prose, most uncommon poetry. Vide "Cosmos," by Alexander Von Humboldt. The acquirements of Darwin in natural science, gave him all his images for the Botanic Garden. Even Akenside, from the paucity of graphic description, is not relished as he formerly was. When he wrote his immortal "Pleasures of the Imagination," he was but a young man, and had not collected largely from Nature's stores, to fill his granary. Thompson wrote his "Seasons" at a more mature age; hence his scenery is far more striking.

But why, the reader may ask, all this prelude to a sketch of Dr. Horner? We answer, that Dr. W. E. Horner, to look upon, is the last man we should select as having the *outward* bearing of a poet. And yet, with wonderful perseverance, he has successfully won for himself laurels as enduring as many poets who sing of immortality. To fancy Dr. Horner's eyes "in a fine frenzy rolling from heaven to earth," would astonish his friends, and the public; yet any poet of modern times might well envy him his fame.

About five feet seven inches high, remarkably *spare*, flat breasted, sharp shouldered; with high cheek bones, much like our Indians; eyes wide set apart, almost without *any* expression, in fact like glass; a thin chin, a mouth merely split across the face, a wide and not high forehead, a large head, covered by a first-rate black wig, a gait studiously slow and thoughtful, a voice like the sound of a *cracked pot*, dressed neatly, with a well-polished boot—his whole appearance that of an automaton, moved carefully by some judicious master—and we have Dr. Horner.

Dr. H. is well known in medicine as the pioneer in pathology in the United States. His preliminary essays in the North American Medical Journal, opened the way to his work on this subject, which latter has opened a field successfully cultivated by Gross and others since that time, 1829. "Horner's Special Anatomy and Histology" is in every body's hands, and has taught more physicians than almost any other American work. It was a great improvement on "Wistar's Anatomy," which in its day was of course the best. "The United States Dissector" is also used by thousands. The "Practical Anatomy," and other works of Dr. H., are marked by that practical adaptedness to the end in view, which distinguishes Dr. Horner's character in all its phases. The following lines, taken from a review of Dr. H.'s work on pathology, in the North American Medical and Surgical Journal, for 1830, will be appropriate.

"Dr. Horner, in a short preface, tells us what readers have a right to expect from every medical writer who wishes to obtain credence for fidelity of observation, and narrates (in a short auto-biography) the opportunities enjoyed by him for enriching the department of which he

now treats. Successively army surgeon during a very active and sanguinary campaign; attached to the anatomical department in the University of Pennsylvania, under the guidance of the celebrated Wistar; associated in the labors and honors of teaching anatomy with Dr. Physick, the father of American surgery; and finally a prescribing surgeon to the Philadelphia Alms-House Infirmary, Dr. Horner has been placed in the most eminently favorable situations for prosecuting the study of morbid anatomy. It is not sufficient, however, that opportunities be presented to an individual, if he be wanting in the necessary talent and industry to avail himself of them profitably. No very large additions can be made to the existing amount of human knowledge by sudden and irregular labors, however great the genius or ardent the zeal. It is by persevering and untiring effort that we alone hope for success in this particular: the progress is for the most part slow, often imperceptible, but under such auspices, always sure. The author of the treatise on Pathological Anatomy is a marked example of the correctness of this maxim. Without any preliminary trumpeting, or boastful promise, he marches on steadily to his purpose, overcoming in succession every obstacle opposed to his progress, and finally winning the highest honors of his profession, during the time that others are opening some new and royal road, or attempting to carry all by a *coup de main*. To the younger members of the profession, who have as yet hardly traced out with any distinctness their line of operations, such an example cannot be without great value, and in this belief we take the present occasion to press it on their notice."

Tasso, in the first book of his *Jerusalem Delivered*, says,

"Forgive me, if with truth I fiction join,
And grace the verse with other charms than thine.
Thou know'st the world with eager transport throng
Where sweet Parnassus breathes the tuneful song:
That truth can oft, in pleasing strains convey'd,
Allure the fancy, and the mind persuade.
Thus the sick infant's taste disguised to meet,
We tinge the vessel's brim with juices sweet;
The bitter draught his willing lip receives;
He drinks deceived, and so deceived he lives."

If poetry be truth, then is Dr. Horner a poet, for he is emphatically a matter-of-fact man. We well remember his preface to his *Anatomy*, in which he criticizes the Bells, and other writers, for their inflated descriptions in demonstrative science, particularly anatomy, in which we agree with Dr. H. there is no room for fiction. Truth is by far too precious and desirable to be sacrificed for the so called embellishments of the imagination.

As a lecturer on this subject, Dr. H. is the plainest of men; and his simple truthfulness has stood the fiery ordeal of all the rivalry of more dashing demonstrators. The common sense of his classes has always sustained, and will always sustain him in his unaffected but really instructive teachings. His preparations appear wonderfully perfect, and money is not spared to obtain the best from abroad. He demonstrates each fact or set of facts at least three times to the class; commencing always at the north side, and going east and south. His long bony fingers, innocent of any other soft parts than some wrinkled skin to cover them, point unerringly to the part to be shown, and there appears but little difference

in the sensibility of the part pointing and that pointed at. He never intentionally commits a double entendre or bon-mot ; but should it so happen, which must of course be by mere accident, and he detects it (by its appreciation by the class), he looks up with all the simplicity of a child, and, if he understands it, will repeat it again to the next division of the class, and to the third. Dr. Horner in lecturing has but one object in view—to *demonstrate*. The most fastidious contemner of ornament, even Swift himself, could not more completely divest him of what Dr. H. considers useless material. His preparations of the muscles—slightly reddened like the meat of the butchers, with blood, to make them look fresh—are not made more cleanly or freer from adipose tissue, than are his words and sentences from foreign allusion or ad captandum flourishes. The clearness, however, of his demonstrations, the beauty of his preparations, and the uniform order with which his lectures are conducted, do not fail to make on the mind of the student a durable impression. His course begins with a general account of his subject, generally written, followed by a close and accurate description of the bones, ligaments and cartilages. These are followed by the muscles, and abdominal and thoracic viscera. The nerves close the course of lectures. It will be recollected, by the by, that he belongs to the old school of physiologists, who consider the brain, as the organ of mental phenomena, to act as a unit, repudiating the idea of a plurality of organs.

Dr. Horner's moral character is peculiarly pure, and in his dealings he is just. He has gradually, by close attention and economy, amassed a competency, and lives in noble style on his own earnings. A well-known reviewer of our city, in speaking to Cato one day, and giving his impressions of Dr. H., characterized him as a man of the "almighty dollar ;" and added, that "the pecuniary affairs of the University have never been managed so well as they are by the present Dean."

One act of Dr. H.'s life certainly redounds to his credit. It was the custom in times gone by, whenever the "Virginny students," meaning any southern students, got into a brawl or other difficulty, for the Professors to go their bail ; in this way offering a premium to wickedness. Dr. H. refused to do this, and became very unpopular, the class having resolved to hiss him out of the lecture room. He plead his cause well for two or three days, and the storm passed over ; since when, the general character of the classes of the University has much improved. In fact, the students last winter attended almost in a body, during the whole winter, a course of eloquent sermons, delivered by some of the ablest divines in our city. These sermons or lectures were secured by a committee appointed by the Medico-Chirurgical College.

Dr. H. is a member of the Philosophical Society (before which, a few years ago, he read a necrological notice of Dr. Physick, which bore his usual accuracy of description), of the College of Physicians, Medical Society, and of many foreign scientific associations. It is well known to the medical world that he is the discoverer of at least one muscle, which he has termed *tensor tarsi*, but which other anatomists very justly call "Musculus Horneri." By injecting the lungs with tallow and dissolving this out with oil of turpentine, he was also enabled to prove that the cells

of the lungs had lateral communications. The researches of Addison have extended still further our knowledge of this part of anatomy.

As a writer, Dr. H. is terse and clear. His historical sketches of his favorite science are instructive, and well worthy of being preserved. These histories have generally been delivered in the form of introductory. A moment's examination of his other writings will show that every thing yields to clearness and perspicuity—"mere dry detail." His practice is large, and among the most respectable of our citizens. A good proportion of surgery falls to his lot. As an operator, he is quiet and judicious—has made several improvements in instruments. Always self-possessed, he never seems in a hurry, let the danger be what it may. He has a large and respectable family—chiefly, we believe, daughters, whose husbands, when they marry, find in him a kind father and firm friend; lending even his reputation and good name for their advancement.

Dr. Horner, like Drs. Mitchell, Chapman, Bell and others, belongs originally to the State of Virginia.

It cannot but happen that a corporation, which all the world knows has no soul, must have some things done, which no one man will willingly father, which in fact will ruin his character. In general, the dean of our medical corporations is made the pack-horse for many of these things. Dr. H. has so managed his *duties* in this respect, as to be remarkably free from blame, from those who suffer; and he is generally held in great esteem for his candor and liberality. We are not, however, impressed with the idea that the corporation, of which he is a member, is any too liberal in its notions, and feel constrained, with some of our eminent practitioners, to say, that she has exhibited, on some subjects, not exactly no soul, but one much too small for her body.

CATO.

QUACKERY IN THE WEST.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The practice of medicine in the West is conducted by every kind of practitioner, from the truly scientific to the infamous quack. A man will here read medicine six months and assume the title of doctor; buy a pound of calomel, an ounce of quinine, a drachm of morphine, and he is then ready to locate. In 1847, I was called to see a patient over whom nine of these fellows had held a council. The case was one of interest. Mr. A. was out hunting, and on discharging his rifle a piece of the percussion cap, one eighth of an inch long and one fourth of a line broad, entered the right eye at the outer and lower edge of the cornea. The piece could be distinctly seen lying in the anterior chamber of the eye. Some of the wise ones advocated the doctrine of absorption—the foreign metallic substance, they said, would be absorbed and thrown off by the exhalants. One, however, a son of Vulcan, urged its removal, the doctrine of absorption being too preposterous for him to entertain. The "big gun of the crowd," who, by the way, flourished a very fine hickory cane, left his seat, looked wise—Come, Dr., let

we make out a prescription for this man, and if we treat him he will be well in three weeks. At it they went; calomel, opium, bloodletting and blisters were the treatment. Twenty months after, I removed the piece of copper from his eye. Making a slight incision through the cornea, over the piece of copper, with a pair of fine forceps I extracted it. The case terminated with opacity of one half of the cornea.

I was called to see a lady who had been treated for paralysis of the left arm, or what was so called by her doctor and counselling physician. The history of the case is this, given by her husband:—"My wife was six months gone in pregnancy. She did not feel well in the morning; about 10 o'clock, felt like vomiting, and went out of doors to the corner of the house; here she had a fainting fit, and fell upon her left shoulder. I came to her in a few minutes. She could not speak. I carried her into the house, and laid her upon the bed. She frothed at the mouth. I started a boy for a doctor; he returned in twenty minutes, said the doctor was coming, and called him by name. I was not satisfied with him, and sent for another one. They were both here and saw my wife within forty minutes of the time the accident happened. Before either of them came, I had bled her. When they reached the house, my wife had become conscious, and complained of severe pain in the left shoulder; she told the doctors that she could not lift her arm up. She was then examined; both shoulders and chest were exposed, a tedious and lengthy examination ensued, and the grave conclusion was *paralysis*. The first doctor being discharged and the second retained, he treated the case for fifteen days, and then called in counsel, who sustained the opinion of the doctor in attendance." I found, upon examination, the case to be dislocation of the shoulder. The dislocation took place four months previous to my being called. I made an attempt to reduce the luxated joint; I used pulleys, continued them for the space of three hours, with the use of the common adjuvants, and was unsuccessful, from there being too much shortening of the muscles.

In a supposed case of poisoning with arsenic, the body was taken up some weeks after interment, and examined by four doctors. They removed what they supposed to be the stomach, carefully sealed it up in a specie jar, and transferred it to a medical college. Upon examination by the professors, the jar was found to contain a portion of the sigmoid flexure of the colon, the cæcum, and detached portions of the ilium. The professors ordered another exhumation to be made, with instructions to bring the whole contents of the abdominal cavity. The case proved to be one of poisoning by arsenic.

HOOSIER BLACKSMITH.

Goshen, Elkhart County, Ia., Aug. 20th, 1849.

OPIUM.

Extracted from a manuscript work by ENOS STEVENS, Examining Agent for the Massachusetts Commissioners for the Prevention and Cure of Idiocy.]

OPIUM also stimulates the whole nervous system to very great activity at first; but the nerves of the mental organs soon refuse to admit the

drugged stimulus, and one becomes senseless ; but, in the mean time, digestion and respiration, and the other involuntary operations, go on with greater activity and impetuosity, and thus distribute and drive it out of the constitution through the various excretory pores of the skin and lungs. But if the whole system is too strongly drugged with opium, then these vital organs also refuse to admit it, and close their inlets against it and all other stimulus, and then animation gives place to death.

The medical operation of opium is never to remove or prevent the injuries or diseases that pain one, but to make him so completely a fool for the time being that he does not know that he is in pain. By its incitement on the digestive organs, it tends to make one have too craving an appetite ; and as its excrementitious tendency is out through the skin and lungs, instead of descending and returning into the lower part of the intestinal canal, it renders one very costive, and requires physics or cathartics to follow it. If any sensitive nerves are very active, reporting the effects of physical crimes along their courses, then they are most open to catch a strong dose of the opium in the system, and hence are first shocked and shut against it ; and thus opium appeases pain in the limbs by closing their nerves of sensation to the brain. It also suspends the action of the open mental organs, which happen to be pained with contemplating the circumstances around one ; and leaves in very moderate activity all the other organs that are not opened and incited to action by present and unpleasant circumstances ; and thus it relieves mental cares and anxieties by making one a temporary simpleton.

In every part of the country, I have found two or three persons of every thousand inhabitants using from a quarter to half an ounce of opium every week, taking a little several times every day to allay the pains of their habitual physical crimes of excessive nourishment, irregular labor, exposures to cold, and amative operations. All the time that they are under the influence of opium on the their voluntary mental and physical operations, while their growth or re-organization are going on, they are being organized and confirmed in very little or no use and power of body and mind. Indeed they are thus cultivating imbecility and weakness of body and mind in themselves, and idiocy, scrofula and paralysis in their progeny.

At Cambridge Poor House, there are three well-formed and strong brothers, whose names are Joseph Cox, 23 years old ; George Cox, 20 ; and Wm. Cox, 18. These are all the children their mother had. Their father was a respectable mechanic, and has a very intelligent child by a second wife. The mother of these idiotic boys was a most devotedly benevolent woman, who often took narcotic drugs, and went out whole days and nights to visit and assist the sick among her neighbors ; leaving her own children all put to sleep by laudanum (which is rum and opium). Every day, when they cried, and every time she wished to go out, she put them all asleep with laudanum. At length their whole organization assimilated to such a state of body and mind, and they have grown up to the size of manhood, with the avenues of their brains practically closed by drugs ; so that they still have merely infantile powers of mind and strength of body. Joseph is very gluttonous and extremely mas-

turbating in the most shameless manner. George has a most perfect equanimity of general foolishness and indolence in all his faculties. But William is a powerful genius on digestion, and robs the swine and dogs of all the crumbs he can skim out of their food.

DISEASED STATE OF THE BOWELS REMOVED BY A NOVEL REMEDY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Some twenty-five years since, I was called to visit a man laboring under a disease, the particulars of which, from the singularity of the case, I have been induced to communicate for your Journal.

The patient was about 50 years of age, and had, until recently, lived in the enjoyment of good health, with the exception of slight symptoms of the asthma upon taking cold or being exposed to a dusty or humid atmosphere. I found him wasted almost to a skeleton, with a heavy dull pain in the abdomen, feet and legs much swollen, and diabetes.

With regard to his case, he gave me the following relation. "Fourteen months ago," said he, "I was endeavoring to extinguish a fire which was raging in a swamp. Whilst enveloped with the smoke and steam arising from the combustion of the extensive deposit, which had been accumulating for ages, I became aware of the presence of a disagreeable, repulsive odor, which seemed to penetrate not only the olfactory organs, but my whole frame, in a new, and to me unaccountable manner. The influence of this odor, which had in so sudden and mysterious a manner impregnated my system, soon settled upon the bowels, attended with pain, which has gradually increased till the present. I have employed all the neighboring physicians, but have received no benefit from their prescriptions, and they assure me that they can do nothing more." He then imploringly said, "Do you think you can help me?" I replied, "I don't know," for his case appeared almost hopeless.

I made no inquiries as to the remedies which had been prescribed; but after a careful examination, concluded I must vary a little from the common mode of treatment. I then directed a wineglassful of good yeast to be administered to the patient every hour; each dose to be followed, in thirty minutes, with a tablespoonful of alum water. Being much fatigued with a hard day's ride, I retired to rest, after giving directions to be called in case of any emergency.

The next morning, on entering the room of the patient, the anxious and alarmed countenances of the family indicated that a serious crisis had arrived. The sick man lay extended, motionless, upon his back, with his eyelids swollen to an immoderate size, and the whole chest covered with large red blisters, resembling pustules of bloody fluid. I made no alteration of the treatment, except to diminish the frequency of the yeast and alum prescription gradually, and to administer nourishment as the exigencies of the case seemed to demand. All the symptoms of the disease continued to abate, and in five or six weeks he was in comfortable health, and able to attend to his usual occupation; though, having

been fourteen months a martyr to this insidious disease, he never regained his former strength. He observed that nothing he had ever taken had in the least degree removed the pain, until he took the yeast. J. S. Bingham, Me., August, 1849.

LETTER FROM SWITZERLAND TO A PHYSICIAN IN BOSTON.

WE are on a ten days' excursion in the Bernese Oberland, from the "Hotel of the Alps" in Interlacken, through the valley of Lauterbrunnen to the Fall of Staubbach. I travelled the same route in 1836. From the valley of Grindelwald we ascended the Faulhorn, my favorite view of the Bernese Alps; descended by the Scheideck to the Glacier and Fall of Rosenlaui, passed through the beautiful valley of Ober-Hasli, stopped at the Falls of the Aar at Handek, and arrived, August 4th, at the Pass of the Grimsel. We spent the morning of August 5th on the peak of Sidelhorn, 8634 feet above sea-level.* Temperature agreeable, no need of shawls and *paletots* brought by guide. We were a party of sixteen, merry around a large flat stone, our dinner table. August 6th, A. M., weather bad: we are in the Hospice-refectory, organizing for music and dancing. Rain in this Pass sometimes continues fourteen days, often ending in snow even in midsummer. August 9th, horses excellent, pass all on road; guide never sulky or tired, sorry to part from us at Interlacken, this morning. We completed our tour in the Oberland this evening. From the Grimsel we went to the Glacier of the Rhone, and down the valley to

LEUCK, LOECHE OR LEUKERBAD,

a bathing place in the mountains. The water, 124° Fahr., 41 Reau., slightly saline and sulphureous, stands in baths, squares, *currés*, all night, to be cool enough for morning bathing. (Bath water, England, 116°.) Each square may contain 20 to 30 invalids, mostly rheumatic, or under affections of the skin, immersed to the neck 1 to 4 hours, twice daily, before breakfast and after dinner. Each bather has a floating table for breakfast, chess, domino, journals. In the gallery, along the baths, we passed an hour, August 10th, A. M., much amused. A familiar put us up to the local scandal, pointing out the persons: in a corner, a Brazilian lady; a comely French noble, famous for dissipation, ruined health, has squandered two millions in two years; a lively little girl. At 10, A. M., we were on the saddle for the Pass of the Gemmi, directly above the baths. I cannot describe it, the most difficult of ascent and savage in aspect. To pass it on a horse needs steady nerves and strong grip of the knee. At Kanderstag, on the other side, the horses were attached to a covered car for Interlacken; a half hour brought us to a hail storm of ten minutes; then lightning, then most superb sunset found us at the lake of Thur, where I saw an earth-slide before our horses in 1836:—then Unterscen, and, at 10, P. M., Interlacken.

Brienz, Switzerland, Aug. 10, 1849.

* * Nothing in the United States so approaches the wild scenery of Switzerland as the Alpine region of New Hampshire, nature's dwelling of magnificence and power, beautiful, grand, sublime, in harmony, a mountain metropolis among winding gorges and solitary turrets. The bald summit of Mount Washington is 6228 feet above sea-level.

THE CHOLERA—ITS COURSE AND RAVAGES.

[We have more than once alluded to the difficulty, if not impossibility, of keeping the readers of the Journal fully informed of the progress of the cholera through the country. Its course, and its comparative fatality in different cities, are matters, however, of deep interest to the medical inquirer. The following brief summary from the Cincinnati Gazette, having reference to the Mississippi Valley, is believed to be correct in its statements, and will serve as a useful reference till the history of the present epidemic shall be more fully written.]

The cholera has now swept over the entire extent of the Mississippi Valley, as an epidemic, and spent its force at nearly all important points. Its deadliest ravages have been at New Orleans, St. Louis, Quincy, Nashville, Lexington, Cincinnati, Sandusky City, Lafayette and Buffalo. Of towns and cities of considerable size that have been visited by it, it has fallen most lightly on Mobile, Natchez, Vicksburg, Louisville, Wheeling, Detroit, Cleveland, Columbus and Pittsburgh. The small towns in which it has raged worst, are Bellville in Illinois, Lebanon in Tennessee, Paris and Richmond in Kentucky, Aurora, Boston and Napoleon in Indiana, and Eaton, Vandalia and Minster in Ohio. Places that have suffered a good deal, and yet cannot be classed among the worst, are Chicago, Alton and Peoria in Illinois, Memphis and Clarksville in Tennessee, Maysville in Kentucky, Richmond in Indiana, Xenia, Dayton, Springfield and Batavia in Ohio. "The Coast" at Louisiana has also suffered a great deal from first to last, 10 to 25 per cent. of the slaves being carried off by the disease on the principal plantations. Places of considerable size which have either nearly or altogether escaped the visitation of the pestilence, are Jackson in Mississippi, Little Rock in Arkansas, Huntsville, Tuscaloosa and Florence in Alabama, Knoxville in Tennessee, Glasgow, Shelbyville, Frankfort and Georgetown in Kentucky, Cairo and Springfield in Illinois, New Albany, Madison and Indianapolis in Indiana, and Zanesville, Steubenville, Marietta, Chillicothe, Hamilton and Rossville in Ohio.

Here, now, are singular facts, plainly showing the mysterious and capricious character of this dreadful disease. It appears here, there, elsewhere, suddenly, and often giving no warning; without reference to lines of travel, regardless of natural water courses, wholly independent of the direction of prevailing winds, and uncontrolled by the topographical character or geological formation of the districts within its general course. Spending itself where it lights first, either gently or ferociously, it disappears, and while neighboring points are standing in awe of its proximity, and daily expecting its desolating presence, it suddenly appears in altogether another region, a hundred or two miles away. And again, two or three weeks, or two or three months afterwards, while those who seemed to have escaped are still warm in the congratulations of each other, and are beginning to talk and write about the superior healthfulness of their towns, the destroyer retraces its steps, strikes at their best and their worst, the strong and their feeble, alike, and carries mourning to every household.

This is the manner in which the cholera has appeared and disappeared in the course of its march over the Mississippi Valley. For weeks it is at New Orleans, and does not appear at Natchez, or Vicksburg, or Memphis, although the intercommunication is incessant; for even months it is in that city, and does not appear in Mobile at all, except in the instances of three or four persons who came home with the disease developing in their systems, and die of it. It appears at St. Louis, and scourges that city as no other American city has been scourged; and yet for the space of five months the city of Alton, a few hours' travel above, on the same river, and in daily, we may say, hourly communication, does not feel its presence in a single case.

Then Alton is stricken, and in a fortnight many of her best citizens are borne to the grave, while the vile look on and escape. It leaps to Cincinnati, moving over hundreds of miles of populated country in a direct line, and passing by many towns and cities on the water line of travel, and for two months subjects us to its terrible ravages, carrying off thousands of our people. Yet while this is going on, a populous city but little more than a hundred miles from us, nearly altogether escapes its presence, and many smaller towns, at half that distance, remain wholly exempt from its visitation. Then it leaps sixty miles north to Dayton, a city of 12,000 to 14,000 inhabitants, and eighty miles south to Lexington, a city of 7000 to 8000, and fills their cemeteries with new-made graves, while the intermediate towns, with their populations of 1000 to 5000 each, experience entire immunity. In the rural districts, too, the same capriciousness is shown. In some counties almost every town of from 100 to 300 inhabitants has witnessed the presence and the ravages of the disease, while in adjoining counties even its breath has not been felt.

And now, having moved thus capriciously from one extreme to the other of this great valley, it threatens to return upon its track, and wrap in darkness and desolation the places that till now it has spared. This, indeed, is what it has already to some extent done, in so recently striking Lebanon in Tennessee, and Harrodsburg in Kentucky, and Springfield in Ohio, and Birmingham near Pittsburgh, and some other places near which it showed itself a month or two ago, and from whose vicinity it had almost entirely disappeared for weeks.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. SEPTEMBER 12, 1849.

Boards of Health.—A pamphlet, comprising the rules and orders of the Board of Health of New Orleans, together with the duties and functions of its special servants, has recently been received. The Board is like those of other cities in respect to the power of carrying into effect its own decrees, whether right or wrong. This is proper enough, if the public were always sure of having in such an authoritative, independent

organization, men of sound sense, who could appreciate suggestions based on the experience and observations of medical practitioners. Unfortunately, however, some of the most wooden-headed, thick-pated, unqualified persons in the whole community, whose only distinguishing trait is a mulish obstinacy and persistence in measures that could neither be sustained by reason nor sanctioned by precedence, are sometimes the master-spirits and controllers in boards of health. The merchants of Boston, as well as those of other thrifty mercantile ports, have suffered outrageously through the stupidity, ignorance and mismanagement of some such official dunces. If a board of health, as ordinarily composed, would be influenced at all by the physician, who carries the mandates into execution, abuses would rarely occur. But that would be a degradation to such dignitaries; and, without reference to his views, the medical officer is directed to enforce their decrees. When the cholera first appeared in Smyrna, many years since, the Boston Board of Health ordered a cargo of figs, which were in excellent condition, to be landed, in the dead of winter, at Rainsford Island. It was against the advice of the physician, who was convinced that the crew and passengers were in excellent health, and had been during the whole voyage. The owners of the vessel, and those interested in the cargo, made every kind of rational effort to prevent such an absurd procedure, but ineffectually. The Board of Health, in its awful majesty, decided that the figs should be stored in a building on the wharf, for purification! which was accordingly commenced; but when nearly all stored, the floor gave way, and a large mass of drums, in the best condition for market, rolled suddenly into the ocean. Some floated out to sea, and most of those recovered were spoiled. The owners called on the city for the value of the figs—and the price was paid, with as little said about it as possible! Thus the pockets of the citizens were made to suffer unnecessarily, through the fool-hardiness of one or two ignoramuses of the Board of Health.

We have had a long and intimate acquaintance with the entire machinery of a board of health, and it is our intention to show that such boards have been too often composed of men entirely destitute of qualifications, and who have disgraced themselves, and seriously injured individuals in their property.

Boards of health should be exclusively constituted of physicians. When the merchants of Boston unite spiritedly in taking away the power which has been so long lodged with incompetent men, and give to a board of medical practitioners discretionary authority to act according to circumstances, and their best judgment, the quarantine system of Boston will be a model institution. The citizens of New Orleans begin to appreciate this proposition, for just one half of the whole number of their sanitary board are medical gentlemen. When they finish what they have so well begun, they may expect prompt action without the despotism that too frequently characterizes the acts of these mis-called boards of health. The British government is determined to re-organize, on rational principles, their boards, and the merchants will do so in Boston, New York and New Orleans, if they stand upon their rights, which may be secured without injury to the public health.

Stricture of the Oesophagus.—One of the most extraordinary cases of stricture of the oesophagus, known to us, now exists in a shoe-maker, of

Boston, who actually keeps himself alive by the habitual practice of an operation that no surgeon in New England would dare perform in the rough manner pursued by this unfortunate sufferer. He is a small man, rising of 70 years of age. For many years he had extreme difficulty in swallowing food. Deglutition finally became so painful, that he took advice at the Mass. Gen. Hospital, and, according to his own representation, an instrument was introduced down his throat. The relief was not entirely satisfactory; but discovering that the principle was right, since there was evidently a narrowing in the canal, the idea was conceived of practising upon himself. At the extremity of a rattan, perhaps a yard in length, and a quarter of an inch in diameter, he wound on a mass of hemp, which was confined by twine. A rough mass, six inches long on the stick, and an inch thick at the lower extremity, was thus made. Having oiled it, the old man fearlessly forces it down through the œsophagus, fairly into the stomach. This he is obliged to do frequently, otherwise the strictures—for there are two, one just at the top of the sternum and the other a little above the cardiac orifice—become so closed, that fluids cannot pass at all. Sometimes, after swallowing a draught of water, it is stopped at the lower constriction. To relieve himself, under such a dilemma, he thrusts down a long feather, which produces nausea, and by the sympathy of the gastric apparatus vomiting is induced, and the confined fluid, according to his account, forced back. Sometimes food is checked in its descent, at the same point, and ejected by mechanical assistance.

On Tuesday, of last week, after giving us a minute history of his condition, the narrator oiled the monstrous probang, forced it down into the stomach, and brought it back dripping with gastric juice. Not long since, the lower stricture utterly refused to allow the great swab to pass. Recollecting that tobacco was a *relaxer*, while the rattan was protruding above his teeth he calmly lighted a pipe, and by taking only a few whiffs had the satisfaction of relaxing the muscular grip, and down the mass went, passing the rebellious point into the great membranous receptacle below. On one occasion, the probang was coated over with ground mustard, and thrust through the strictures, on the supposition that they required stimulating!

A more singular case, one more truly formidable in character, and managed in the rude, fearless manner here described, cannot be found, it is believed, in the annals of surgery. Under any plan of treatment but his own, this man of ten millions would have been dead, years ago, a victim to an incurable malady. With the course he is habitually pursuing, life may be protracted till he is unable to repeat the operation, and then he may die of starvation.

University of Pennsylvania.—A report on the Medical Department, for 1849, to the alumni of the school, by the faculty, states that the University has never been in a more prosperous condition than at this time. There were 499 medical students matriculated for the last course of medical lectures. This is a leviathan institution, of ancient fame, and uninterrupted influence and prosperity. One hundred and ninety-one received the degree of M.D. in April and July, 1849.

St. Louis University.—Perseverance is a prominent element in western character. It is infused into the institutions of learning as well as in river navigation. The medical department of the University of St. Louis is strongly organized, and the system of medical education in it is creditable to Missouri. The circular indicates thrift and eminent success.

Mortality of the City.—As in most other of our large cities, but not perhaps to the same extent, the number of deaths from cholera in Boston has decreased during the past week. The mortality from dysentery and other diseases of the bowels is still great, though, compared with the corresponding season last year, not in proportion to the total increase, and it is actually less than it was two years ago. With regard to the whole report, when it is considered that 29 per cent. of it is by the epidemic which afflicts us in common with so many other communities; that it includes 16 deaths at Deer Island Hospital, 13 at the Cholera Hospital, 11 at the H. of Industry, 3 at the Lunatic Asylum, and 3 at the H. of Correction—being more than 20 per cent. of the aggregate; and that 128, or 62 per cent. of the whole, were foreigners or children of foreigners, it will not appear a very large one. The fact should also be taken into account, that under a recent city ordinance the duty of registration now devolves upon a new officer—a gentleman whose long familiarity with the city institutions and accurate business habits would be very likely to secure more complete returns of deaths than, without any disparagement to former superintendents of burials, have heretofore been made. The largest weekly bill of mortality ever made up in Boston, previous to the present appearance of the cholera, was 134, which was for the last week in August, 1847. By deducting the cholera cases from our present report, it will be seen that it numbers only 10 more than that—not by any means in proportion to the increase of population.

The Cholera in London.—While the cholera has so materially abated in this country, it has again appeared in London, and with great fatality. The Medical Gazette of July 27th says, in relation to the last weekly report—"The deaths from cholera in the metropolis are still on the increase showing that this terrible scourge has not even yet attained its maximum intensity. The total number of deaths above the summer average is 733; and among these, 678 are assigned to cholera! The rate of increase is, therefore, as follows:—Week ending June 30, 124; July 7, 152; July 14, 339; July 21, 678. Of the 678 deaths, there were 355 males 323 females; and these took place at the following ages:—Under 15, 223; between 15 and 60, 363; above 60, 92. From these facts, it will be perceived that the deaths from this disease have, during the past two weeks, increased in a duplicate ratio."

Medical Miscellany.—One hundred thousand dollars have been publicly expended in New York on account of the cholera.—Cases of smallpox have recently occurred in the city of Salem, and also in the adjoining town of Lynn, Mass.—During the month of July there were 1305 cases of yellow fever at Havana, 71 of which were fatal.—The papers mention a negro on the estate of the Hon. John C. Calhoun, of S. C., who is 112 years of age—a native of Africa.—The brig Argus, of New York, went into St. Jago de Cuba, Aug. 20th, without a Consular certificate—having no kind of sickness on board. A fine of \$50 was imposed, a quarantine of twenty days ordered by the Board of Health, and a physician put on board, there to remain till pratique is given, for which the vessel is charged \$17 per day! This is worse than the usages at New York, and the port health regulations there are too bad for this age of scientific light.—In the Department of the Marine, in France the inhabitants are not only suffering from an epidemic of cholera, but also from a form of sweating sickness, unattended, however, by danger. It is characterized by excessive sweatings; by a strong, hard, but not frequent pulse, and by signs of gastric disorder. There is neither a white nor red eruption, except in a few rare cases.

TO CORRESPONDENTS.—A paper on the Fungous Theory of Epidemics, one by Dr. Slack on Vegetable Attraction, and an anonymous one on Malpractice in Midwifery, have been received. With regard to the latter, it is not considered that we can be reasonably required to publish old and forgotten cases of malpractice among medical men, as an offset to Mrs. Cusforth's case in the last Journal. In copying that case, all reference to the proposed plan of educating females among us to act as midwives, was purposely omitted. The case was a recent one, and in itself was suitable to be read by medical practitioners, both male and female. The present writer is informed, that cases exhibiting gross ignorance on the part of medical men have formerly been reported in this Journal, as they occurred, and the present number contains an account of recent ones at the West.

DIED.—At New Paris, Ohio, of cholera, Dr. Wm. W. Jackson, formerly of Chelsea, Mass., 31.—John W. Dana, M.D., of Utica, N. Y.—At Watertown, Wisconsin, 17th ult., of cholera, Dr. Pierce, a well-known clairvoyant lecturer.—At Little Compton, R. I., Horatio A. Palmer, M.D., formerly of Boston, of cholera, 34.—At Cincinnati, Dr. John P. Harrison, one of the faculty of the Medical College of Ohio, of cholera. He was in Boston, at the May meeting of the American Medical Association, and expressed much pleasure in the arrangement of having the next meeting of that great scientific body at Cincinnati in May, 1850.—At Utica, N. Y., Dr. A. Brigham, Superintendent of the Lunatic Asylum.

Report of Deaths in Boston—for the week ending Saturday, September 8th, 205.—Males, 119—females, 86.—Of cholera, 61—consumption, 12—disease of the bowels, 23—dysentery, 34—diarrhoea, 17—convulsions, 2—teething, 16—debility, 1—infantile diseases, 11—cholera infantum, 7—old age, 2—dropsy of the brain, 5—cholera morbus, 1—hooping cough, 1—lung fever, 1—erysipelas, 1—intemperance, 1—typhus fever, 2—marasmus, 3—scarlet fever, 1—disease of the liver, 1—inflammation of the lungs, 1—croup, 1.
Under 5 years, 95—between 5 and 20 years, 22—between 20 and 40 years, 51—between 40 and 60 years, 23—over 60 years, 14.

Mutual Duties of Physicians and Society.—Augustus Mason, M. D., addressed the Middlesex Medical Society, at Lowell, on its last anniversary. The discourse has been published, and bears investigation. Social ethics, as connected with the business of physicians, is a fertile subject, which Dr. Mason seems to have studied with much care. His neighbors will certainly watch his professional course hereafter, with a view to ascertaining whether he practises the doctrines he so eloquently preaches. It is gratifying to take up something that has life in it. Public addresses, especially those given by medical men on extraordinary occasions, are generally too tame. An insufferable dulness has so frequently passed off for wisdom, that any right-angled departure from the old sleepy methods of lulling an audience into a comfortable doze, excites surprise, as though the dignity of Æsculapius were in danger from the innovating spirit of the age. Dr. Mason understands the art of both interesting and instructing others.

Camphor and Chloroform Mixture.—In relation to the use of this new combination, we have received the following from Dr. E. Harris, of this city. In speaking of its use in several diseases, he says, that "during the past month I have with great satisfaction administered this preparation in several cases of obstinate vomitings, and also as a palliative to the cramps and vomiting attending cholera.

"Recently, in a case of violent hysteria, I administered it with happy effect. I am now making frequent use of it as a palliative to the tormina of dysentery; exhibiting it in connection with oleum ricini, opium, ipecac., hyoscyamus, &c., or alone. In a few cases I have used it endermically, pouring a few drachms upon the hypogastrium, and *instantly* covering it with a flannel wrung in hot water, and enveloping the whole trunk with oil cloth. Both in *this way* and in connection with an *epithem of aq. ammonia*, I have used it with happy effect.

"I would not, however, from my own limited experience in the use of this preparation of camphor, speak with great confidence. Its therapeutic value remains to be tested. It certainly is an elegant preparation; and will prove highly serviceable as a prompt and efficient stimulant and antispasmodic."—*N. Y. Journal of Medicine*.

Administration of Rhubarb.—M. Martin-Solon prescribes rhubarb according to an old mode of employing it, which consists in masticating small morsels for half an hour or more, swallowing first the saliva, and then the chewed portion. In this way a small dose acts efficiently in dyspepsia, hypochondrism, or habitual constipation. It can easily be understood, that a medicine, thus incorporated with and dissolved in the saliva, preserves much more of its power than when given as powder or infusion. Dr. Giacomini states that it is thus administered in Italy with great advantage to delicate and nervous women and to convalescents from fever.—*Revue Médicale*.

New Books in London.—Observations on London Milk, showing its unhealthy Character and poisonous Adulterations.—The Treatment of Rheumatic Diseases by Lemon Juice; with illustrative cases from Hospital Practice. By G. Owen Rees, M.D., F.R.S.